

FAX TO: 888-226-0037 For HELP: Call Laura Parello at 1-800-241-5458
ATTN: Accts Receivable

AUTOMATIC PAYMENT By Credit Card Authorization Form

Your Company Name: _____ **Account #:** _____

Use this form to authorize us to charge your Credit card for your scheduled magazine ads or bridal booth purchases. Be sure to fax in your form at least 15 days before the 1st due date to protect your discounts. Your account will be credited on the date our bank receives the funds from your credit card company. All information is required.

- 1). **Select Type of Card:** AMEX DISC MASTERCARD VISA
- 2). **This Form is For:** New Card Change My Card Cancel Card
- 3). **Card Number:** _____ - _____ - _____ - _____ **Exp Date:** ____/____
- 4). **SECURITY CODE** (3-digits on back of card on far right side): _____
- 5). **Person or Business Named on Card:** _____
- 6). **Address Credit Card Bills are mailed to:**
Street: _____
City: _____ **State:** ____ **Zip:** _____
- 7). **Card Holder's Phone #:** (_____) _____ - _____
- 8). **You are authorizing us to charge your card for each issue:** \$ _____
- 9). **Terms for Monthly automatic credit card charges.**
 - a. You agree to let us charge your credit card listed above for each issue that your magazine ad, show booth or brochure ad is scheduled to run, so that we receive your payment at our bank by the 20th of the month (or prior business day if the 20th falls on a weekend or a holiday), or the invoice due date if it is due earlier than the 20th.
 - b. If your credit card payment is rejected, doesn't clear or is disputed for any reason, we will contact you to provide us a replacement card, or you may choose to mail us a check for the invoices due. You agree to reimburse us collection costs due to credit card problems.
 - c. You confirm that you understand that a requirement to earn your prepayment discounts is that we receive full payment for invoice by their respective due dates. After the due date, your rate will automatically revert to the open rate.
 - d. You may change the card we charge or cancel your automatic payment program anytime you wish by sending us new credit card data or by checking words CANCEL CARD.
- 10). _____ (initials): **I also authorize you to charge the above card for bridal shows invoices or facility brochure ad invoices in full to this card when I sign new contracts upon your receipt of the contract.**

11). **CARD HOLDER'S SIGNATURE:**

By: _____ Title: _____ Date: ____/____/____